

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029416

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 31 1962

500

2008

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Marlborough		c. CITY OR TOWN Marlborough	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1225 Pembroke Dr.		d. STREET ADDRESS 1225 Pembroke Dr.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edwin Middle C. Last Dunne		4. DATE OF DEATH Month July Day 4 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/9/1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dealer		10b. KIND OF BUSINESS OR INDUSTRY Mobile Homes	9. AGE (last birthday) 73
11a. BIRTHPLACE (City and state or country) Jasper County, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lewis J. Dunne		13b. MOTHER'S MAIDEN NAME Miranda Appelgate	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1		17. INFORMANT Madge Dunne, 1225 Pembroke, Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FAR-ADVANCED CANCER OF STOMACH (6 MOS		INTERVAL BETWEEN ONSET AND DEATH 6 MOS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from JAN. 1962 to JULY 3, 1962 and last saw him alive on 7/1/62 Death occurred at 12:30 A.M. 4 JULY 62 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard W. Gfere M.D. (Degree or title)		22b. ADDRESS 52 Maryland Plaza (8)	
22c. DATE SIGNED 7/6/62		22d. LOCATION (City, town, or county) Jasper County, Illinois	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-7-62	
23c. NAME OF CEMETERY OR CREMATORY Aten Cemetery		23d. LOCATION (City, town, or county) Jasper County, Illinois	
24. FUNERAL DIRECTOR Hiles Funeral Home, Greenup, Illinois.		25. DATE RECD. BY LOCAL REG. 7-6-62	
26. REGISTRAR'S SIGNATURE John M. Gfere		26. REGISTRAR'S SIGNATURE John M. Gfere	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.